

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENING & REGULATORY SERVICES

APPLICATION FOR LICENSURE/CERTIFICATION

(CHILD PLACING AGENCY)

DATE: _____

APPLICATION IS: NEW _____ RENEW _____

NAME/TITLE OF ADMINISTRATOR/OPERATOR: _____

PHONE: _____

ADDRESS: _____ MAILING ADDRESS (If different):

SOCIAL SECURITY # OR EMPLOYER I.D.# _____

CONTACT PERSON/PHONE (If different): _____

NAME OF FACILITY/AGENCY: _____

CORPORATE NAME (If different): _____

CORPORATE ADDRESS: _____

(If different from above) _____

NAME OF BOARD CHAIR: _____

ADDRESS: _____

TYPE OF FACILITY/AGENCY:

Individual Proprietorship: ____

Non-Profit Corporation: ____

Tribal Government: ____

Church: ____

Partnership: ____

For-Profit Corporation: ____

Parent Co-op: ____

Other (describe): _____

CURRENT LICENSES/CERTIFICATES:

Type: _____ Terms: _____ Exp. Date: _____

Type: _____ Terms: _____ Exp. Date: _____

WAIVER/EXCEPTION REQUEST OR RE-REQUEST (If Applicable): DESCRIBE:

I/We have received and read the rules for the licensing and/or certification process. I/We understand that this application authorizes representatives of the Department and the State Fire Marshal's Office (if applicable) to make such visits and inspections as may be necessary to ascertain that the facility is in compliance with the laws pertaining to the operation of such facilities.

I/We also understand that the signing of this application effectively serves as a release of information and gives permission to the Department to obtain any criminal or protective records information which may be on file in any county, state or federal office.

I/We further certify that all information contained in this application (including addendum) is complete and accurate.

SIGNATURES REQUIRED:

_____/DATE: _____
Applicant/Operator/Administrator

Type or Print Name

_____/DATE: _____
Board President

Type or Print Name

FURTHER INSTRUCTIONS:

1. COMPLETE THE ATTACHED ADDENDUM SPECIFIC TO THE TYPE OF LICENSURE OR CERTIFICATION THAT IS BEING APPLIED FOR.
2. SUBMIT ALL ITEMS REQUESTED IN THE "PLEASE SUBMIT" SECTION OF THE FORM.

ADDENDUM
APPLICATION FOR – CHILD PLACING AGENCY

TYPE OF CHILD PLACING AGENCY:

With Adoption Program_____ Without Adoption Program_____ Respite Care Only_____

ADMINISTRATOR – ADDITIONAL INFORMATION REQUIRED:

Secondary School, College, Professional Schools, Training Courses:

NAME	ADDRESS	DATES ATTENDED	CERT./DEGREES
_____	_____	_____	_____
_____	_____	_____	_____

Previous Training/Experience:

EMPLOYER	ADDRESS	POSITION HELD
_____	_____	_____
_____	_____	_____

REFERENCES-Please include two references from persons qualified to indicate the qualifications and degree of experience of the administrator and one character reference from an unrelated person. At time of initial licensure, please submit letters from persons providing references.

NAME	ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____

LEGAL PROCESS AND SERVICE ON BEHALF OF C.P.A-Record names of two persons authorized to receive legal process and service:

NAME	ADDRESS
1. _____	_____
2. _____	_____

CASEWORK OR PROGRAM SUPERVISOR:

Secondary School, College, Professional Schools, Training Courses:

NAME	ADDRESS	DATES ATTENDED	CERT./DEGREES
_____	_____	_____	_____
_____	_____	_____	_____

Previous Training/Experience:

EMPLOYER	ADDRESS	POSITION HELD

OTHER EMPLOYEES: Please complete and submit attached STAFF ROSTER.

PLEASE SUBMIT:

1. Completed Application
2. Most Recent Budget (With Expected Funding Source)
3. Articles of Incorporation (New Applicant Only)
4. Complete Policy Manual (New Applicant Only)
5. Reference Letters (New Applicant Only)
6. Lit of Board Members/Offices Held/Address
7. Staff Roster

SUBMIT TO:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING & REGULATORY SERVICES
41 ANTHONY AVENUE
11 STATE HOUSE STATION
AUGUSTA, ME 04333

Phone: 207-287-9300 Fax: 207-287-9252 TTY: 1-800-606-0215

STAFF ROSTER – INFORMATION

Please complete information below for all staff members including contractors and consultants. If a staff member must be licensed, please indicate under qualifications. All vacancies must be listed by job title. Copy form and use as many sheets as necessary.

[illegible]